

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION PROSPECTIVE MEMBER SCHOOL INFORMATION

KHSAA Form GE02 Rev.5/22

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COMPLETE THE FOLLOWING BACKGROUND INFORMATION. AND IT IS THE SCHOOL'S OBLIGATION TO KEEP THE INFORMATION CURRENT AND ACCURATE THROUGH THE KHSAA WEBSITE

SCHOOL BACKGROUND INFORMATION School Name M.H.G. Preparatory Academy Mailing Address 853 Milton St 911 Address (if different) City Louisville 40217 Zip Main Phone 502-712-6087 Athletic Dept Phone Fax Machine Phone School Website MHGPrep.com Athletics Website **School Colors** Orange and Gray Boys' Nickname The Lions Girls' Nickname The Lions Stadium Name Stadium Capacity Gym Name **Gym Capacity** PRINCIPAL INFORMATION Name Dr. Antonio Thomas **Business Phone** Cell Phone 502-419-9123 Email dr.thomas@mhgprep.com ATHLETIC DIRECTOR INFORMATION Name Tony Butler **Business Phone** Cell Phone 502-698-5150 Email tony.butler@mhgprep.com SUPERINTENDENT INFORMATION School System Name Mailing Address City Zip

PRIOR YEAR ENROLLMENT INFORMATION

Business Phone Fax Phone Email

| TRIOR TEAR ENROLLING IN ORMATION | | | | | • | |
|----------------------------------|---|----|----|----|------|-----|
| | 9 | 10 | 11 | 12 | SpEd | Ttl |
| Boys | 2 | 3 | 5 | 1 | | |
| Girls | | | | | | |

| RYI AW 5 | WFFKI Y | GRADE | CHECK DAY | (CHECK ONE) |
|----------|---------|-------|-----------|--------------|
| DILAWS | VVEENLI | GRADE | CHECK DAT | ICHECK DIVEL |

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
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TEAM AND COACHING INFORMATION

Please indicate the KHSAA sanctioned sports and sport-activities in which you will sponsor a team for your first year of membership. If the coach's name is unknown, leave blank, and notify the KHSAA as soon as the vacancy is filled. Each person employed as a coach, head or assistant, must comply with all coaching requirements in their entirety. The Principal or Designated Representative is responsible for maintaining accurate information on the KHSAA website.

| | mation on the KHSAA website. | | | |
|------------------|--|--|--|--|
| "X" if have team | SPORT | | | |
| | Baseball | | | |
| X | Basketball (Boys) | | | |
| | Basketball (Girls) | | | |
| | Cross Country (Boys) | | | |
| | Cross Country (Girls) Field Hockey (Girls) | | | |
| | | | | |
| | Football | | | |
| | Golf (Boys) | | | |
| | Golf (Girls) | | | |
| | Soccer (Boys) | | | |
| | Soccer (Girls Fall) | | | |
| | Softball (Fast Pitch) | | | |
| | Swimming (Boys) | | | |
| | Swimming (Girls) | | | |
| | Tennis (Boys) | | | |
| | Tennis (Girls) | | | |
| X | Track (Boys | | | |
| | Track (Girls) | | | |
| | Volleyball | | | |
| | Wrestling | | | |
| "X" if have team | SPORT/ACTIVITY | | | |
| | Archery | | | |
| | Bass Fishing | | | |
| | Bowling | | | |
| | Competitive Cheer | | | |
| "X" if have team | UNIFIED ATHLETIC ACTIVITIES | | | |
| | Unified Bowling | | | |
| | Sparkle Cheer | | | |
| | Unified Track and Field | | | |
| | | | | |

In Witness Whereof, the undersigned has caused this application to be submitted on behalf of this school.

| Dr, Antonio Thomas | | 07/16/2025 |
|--------------------|---------------------|------------|
| Principal Name | Principal Signature | (Date) |